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**State:** Illinois **Filing Company:** The Dentists Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons  
**Product Name:** Professional & Dental Business Liability  
**Project Name/Number:** Rule update/PL-Rule -0115

## Filing at a Glance

Company: The Dentists Insurance Company  
Product Name: Professional & Dental Business Liability  
State: Illinois  
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence  
Sub-TOI: 11.0007 Dentists - Oral Surgeons  
Filing Type: Rule  
Date Submitted: 09/04/2014  
SERFF Tr Num: DENT-129686921  
SERFF Status: Closed-Filed  
State Tr Num:  
State Status:  
Co Tr Num: PL RULE 0115  
  
Effective Date: 01/01/2015  
Requested (New):  
Effective Date: 01/01/2015  
Requested (Renewal):  
Author(s): Dora Earls, Marcel Renardel de Lavalette  
Reviewer(s): Gayle Neuman (primary)  
Disposition Date: 09/08/2014  
Disposition Status: Filed  
Effective Date (New): 01/01/2015  
Effective Date (Renewal): 01/01/2015

State Filing Description:

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## General Information

Project Name: Rule update  
Project Number: PL-Rule -0115

Status of Filing in Domicile: Not Filed  
Domicile Status Comments: TDIC will be filing these updated changes in California, for use effective as of our common anniversary date of July 1, 2015

Reference Organization:  
Reference Title:  
Filing Status Changed: 09/08/2014

Reference Number:  
Advisory Org. Circular:

State Status Changed:  
Created By: Dora Earls  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Marcel Renardel de Lavalette

### Filing Description:

The Dentists Insurance Company (TDIC) is refiling all of our forms to make them product line specific. We have updated our rule manual to coincide with the new numbering, we have updated our applications to add the fraud warning to comply with specific state statutes and we are introducing one new non-premium bearing, optional exclusion endorsement.

The changes are purely editorial and provide our insureds with simpler and clearer coverage forms unique to each line of coverage. These changes have no impact on coverage or premium.

## Company and Contact

### Filing Contact Information

Marcel Renardel de Lavalette, Product Development Manager  
1201 K St 17th Fl  
Sacramento, CACC 95814  
Marcel.RenardeldeLavalette@cda.org  
916-554-5368 [Phone]  
916-554-5957 [FAX]

### Filing Company Information

The Dentists Insurance Company	CoCode: 40975	State of Domicile: California
1201 K St. 17th Floor	Group Code:	Company Type: Stock
Sacramento, CA 95814	Group Name:	Company
(800) 733-0634 ext. [Phone]	FEIN Number: 94-2698799	State ID Number:

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

## State Specific

Refer to our checklists prior to submitting filing ([http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)): Completed

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Completed

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO

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(except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp) .: Noted

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Noted

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": Noted

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: Noted

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	09/08/2014	09/08/2014

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	09/08/2014	09/08/2014

### Response Letters

Responded By	Created On	Date Submitted
Marcel Renardel de Lavalette	09/08/2014	09/08/2014

State:	Illinois	Filing Company:	The Dentists Insurance Company
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## Disposition

Disposition Date: 09/08/2014  
Effective Date (New): 01/01/2015  
Effective Date (Renewal): 01/01/2015  
Status: Filed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Rate	Rule Manual		Yes

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/08/2014
Submitted Date	09/08/2014
Respond By Date	09/15/2014

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Dear Marcel Renardel de Lavalette,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/08/2014
Submitted Date	09/08/2014

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Dear Gayle Neuman,

**Introduction:**

Thank you for your prompt response to TDIC's filing.

**Response 1**

**Comments:**

Yes, TDIC has a method for reporting statistical information, which is handled in-house by our finance department.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

If you have any questions or concerns, please feel free to contact me at (916) 554-5368 or at [marcel.renardeldelavalette@cda.org](mailto:marcel.renardeldelavalette@cda.org).

Thank you for your assistance.

Sincerely,

Marcel Renardel de Lavalette  
Product Development Manager

Sincerely,  
Marcel Renardel de Lavalette

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Rule Manual	All Pages	Replacement	DENT-129163972	IL PBL Rules Rates Manual (01-01-15).pdf (r)IL PBL Rules Rates Manual (01-01-15).pdf



**TDIC**  
**PROFESSIONAL & DENTAL BUSINESS LIABILITY**  
**RULES, RATES AND FORMS MANUAL**  
**FOR ILLINOIS**

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**PROFESSIONAL AND DENTAL BUSINESS LIABILITY  
RULES**

**ELIGIBILITY**

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage may be available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicants must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants insured under a claims-made policy who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declaration Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

**POLICY TERM**

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

**PAYMENT OF PREMIUM**

Policies can be paid annually and semi-annually or monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

**CLASSIFICATION**

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

## *TDIC PL & DBL Rules, Rates and Forms Manual for Illinois*

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA) or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. Sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

### **TERRITORIAL GUIDELINES**

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

### **LIMITS OF LIABILITY**

Policy limits are based on a per claim/aggregate basis.

Available limits are:

\$500,000 each claim/\$1,500,000 aggregate  
\$1,000,000 each claim/\$3,000,000 aggregate  
\$1,500,000 each claim/\$4,500,000 aggregate  
\$3,000,000 each claim/\$3,000,000 aggregate  
\$5,000,000 each claim/\$5,000,000 aggregate

## *TDIC PL & DBL Rules, Rates and Forms Manual for Illinois*

Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Dental Business Liability.

### **VOLUNTEER DENTIST**

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. Retired TDIC policyholders must have an ongoing extended reporting endorsement. If insured by another carrier, a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/ \$3,000,000.

Volunteer Dentist Premium is calculated at 10% of Class 11, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

### **NEW DENTIST PROGRAM**

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form PBL2200-0115AS based upon the following:

- Form PBL2509-0115AS attached to all Alaska policies advising the policyholders that those policyholders who qualify as a New Dentist will pay fifty (\$50) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve (12) months, the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

### **WAIVER OF PREMIUM**

All policy changes that result in additional premium of \$10.00 or less will be waived.

### **DISCOUNTS/CREDITS**

Recently graduated dentists who are not eligible for the New Dentist Program can be eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

## *TDIC PL & DBL Rules, Rates and Forms Manual for Illinois*

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability PBL1001-0115AS is an abbreviated application available for “New Dentists” which is defined as a newly licensed dentist who has never practiced in the United States and its territories.

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for 30 consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part-time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as a practice owner.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of a newborn or family members. The suspension of coverage applies only to the active policy period.

### **OPTIONAL COVERAGES**

#### **LOCUM TENENS ENDORSEMENT**

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured’s place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

#### **EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT**

Optional coverage. Limits offered:

\$50,000

\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC’s EPLI losses will be reviewed prior to renewing. If there are losses, the policy will be affected as follows:

If there has been one claim, the premium charge will go to the next level. If there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

### **IDENTITY THEFT RECOVERY COVERAGE**

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded to an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

### **MULTI-OWNER DENTAL PRACTICE ENTITY ENDORSEMENT**

If the insured has ownership in a multi-person dental corporation or dental partnership, Form PBL2026-0115 (Multi-Owner Dental Practice) AS will be attached with no additional premium. This endorsement can be attached at inception or when requested by the policyholder.

### **PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT**

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

### **SPECIAL EVENT ENDORSEMENT**

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

### **CANCELLATION/NON-RENEWAL**

See state specific pages for cancellation guidelines.

### **DECLINATION**

An applicant to TDIC may be declined if, while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

## **NON-RENEWAL**

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction, (if in connection with a dental practice);
5. Falsification of any insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems such as alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

## **EXTENDED REPORTING PERIOD ENDORSEMENT**

All policies cancelled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, including the cost. The premium used for this endorsement is based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

An optional one year extended reporting endorsement for EPLI coverage is offered when the employment practices liability endorsement is canceled or non-renewed. See state specific page for changes in Alaska

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

## **UNDERWRITING COMMITTEE**

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states' insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals that are brought to them by the underwriting staff each year.



**ILLINOIS STATE PAGE**

**ELIGIBILITY**

Membership is not a requirement of the Alaska Dental Association.

**TERRITORIAL DEFINITION**

All components/districts are under one territory.

**EXTENDED REPORTING PERIOD ENDORSEMENT**

An optional five year extended reporting endorsement for EPLI coverage is offered when the employment practices liability endorsement is canceled or non-renewed.

**DECLINATION**

When declining an applicant for an initial policy, TDIC will notify the applicant that he/she has the right to be advised of the reason for the declination. On written request from the applicant, TDIC will provide the reason.

**CANCELLATION**

TDIC will give sixty (60) days written notice of cancellation, except we will give:

- (1) twenty (20) days' notice for:
  - (a) non-payment of premium or
  - (b) the insured's failure or refusal to provide the information necessary to confirm exposure or to determine the policy premium; and
- (2) ten (10) days' notice for discovery of fraud or material misrepresentation made by the named insured or the named insured's representative in obtaining insurance or in pursuing a claim under the policy.

TDIC will give written notice of the reason for cancellation.

If the insured cancels the policy, TDIC will return or credit any unearned premium resulting from cancellation within forty-five (45) days of our receipt of the insured's notice of cancellation or the effective date of cancellation, whichever is later. If we cancel, TDIC will return or credit any unearned premium resulting from cancellation before the effective date of cancellation. If we cancel for non-payment of premium or for the insured's failure or refusal to provide the information necessary to confirm exposure or to determine the policy premium, or for fraud or material misrepresentation made by the named insured or the named insured's representative in obtaining insurance or in pursuing a claim under the policy, TDIC will return any unearned premium resulting from cancellation within forty five (45) days of the date we notify the insured of cancellation.

**NON-RENEWAL**

A notice of non-renewal will be sent forty-five (45) days before the expiration date.

**CHANGE IN PREMIUM/COVERAGE**

If TDIC increases the total premium for the policy by more than ten (10) percent for a reason other than an increase in coverage or exposure base, or if after renewal there will be a material restriction or reduction in coverage not specifically requested by the insured, TDIC will send notice of the coverage changes forty-five (45) days before expiration.

**TDIC**  
**PROFESSIONAL & DENTAL BUSINESS LIABILITY**  
**RULES, RATES AND FORMS MANUAL**  
**FOR ILLINOIS**

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## PROFESSIONAL AND DENTAL BUSINESS LIABILITY RULES

### ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage may be available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicants must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants insured under a claims-made policy who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declaration Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

### POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

### PAYMENT OF PREMIUM

Policies can be paid annually and semi-annually or monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

### CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA) or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. Sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

## **TERRITORIAL GUIDELINES**

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

## **LIMITS OF LIABILITY**

| Policy limits are based on a per claim/aggregate basis.

| ~~Limits available~~Available limits are:

\$500,000 each claim/\$1,500,000 aggregate  
\$1,000,000 each claim/\$3,000,000 aggregate  
\$1,500,000 each claim/\$4,500,000 aggregate  
\$3,000,000 each claim/\$3,000,000 aggregate  
\$5,000,000 each claim/\$5,000,000 aggregate

Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Dental Business Liability.

## **VOLUNTEER DENTIST**

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. Retired TDIC policyholders must have an ongoing extended reporting endorsement. If insured by another carrier, a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/ \$3,000,000.

Volunteer Dentist Premium is calculated at 10% of Class 11, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

## **NEW DENTIST PROGRAM**

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form ~~TDIC-PBL~~2200-011~~45~~AS based upon the following:

- Form ~~TDICPBL~~2509-011~~45~~AS attached to all Alaska policies advising the policyholders that those policyholders who qualify as a New Dentist will pay fifty (\$50) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve (12) months (~~12~~) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

## **WAIVER OF PREMIUM**

All policy changes that result in additional premium of \$10.00 or less will be waived.

## **DISCOUNTS/CREDITS**

Recently graduated dentists who are not eligible for the New Dentist Program can be eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability ~~TDIC-PBL~~ 1001-01145AS is an abbreviated application available for “New Dentists” which is defined as a newly licensed dentist who has never practiced in the United States and its territories.

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for 30 consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part-time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as a practice owner.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of a newborn or family members. The suspension of coverage applies only to the active policy period.

## OPTIONAL COVERAGES

### LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured’s place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

### EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT

Optional coverage. Limits offered:

\$50,000

\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC’s EPLI losses will be reviewed prior to renewing. If there are losses, the policy will be affected as follows:

If there has been one claim, the premium charge will go to the next level. If there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

## IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded ~~for to~~ an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

## MULTI-OWNER DENTAL PRACTICE ENTITY ENDORSEMENT

If ~~Question #21 is answered "Yes" form# TDIC~~ the insured has ownership in a multi-person dental corporation or dental partnership, Form PBL 2026-01145 (Multi-Owner Dental Practice) AS will be attached with no additional premium. This endorsement can be attached at inception or ~~as an endorsement~~ when requested by the policyholder.

## PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

## SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

## CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

## DECLINATION

An applicant to TDIC may be declined if, while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.



## **NON-RENEWAL**

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction, (if in connection with a dental practice);
5. Falsification of any insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems such as alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

## **EXTENDED REPORTING PERIOD ENDORSEMENT**

All policies cancelled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, including the cost. The premium used for this endorsement is based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

An optional one year extended reporting endorsement for EPLI coverage is offered when the employment practices liability endorsement is canceled or non-renewed. See state specific page for changes in Alaska

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

## **UNDERWRITING COMMITTEE**

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states' insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals that are brought to them by the underwriting staff each year.

## **ELIGIBILITY**

Membership is not a requirement of the Alaska Dental Association.

## **TERRITORIAL DEFINITION**

All components/districts are under one territory.

## **EXTENDED REPORTING PERIOD ENDORSEMENT**

An optional five year extended reporting endorsement for EPLI coverage is offered when the employment practices liability endorsement is canceled or non-renewed.

## **DECLINATION**

When declining an applicant for an initial policy, TDIC will notify the applicant that he/she has the right to be advised of the reason for the declination. On written request from the applicant, TDIC will provide the reason.

## **CANCELLATION**

TDIC will give sixty (60) days written notice of cancellation, except we will give:

- (1) twenty (20) days' notice for:
  - (a) non-payment of premium or
  - (b) the insured's failure or refusal to provide the information necessary to confirm exposure or to determine the policy premium; and
- (2) ten (10) days' notice for discovery of fraud or material misrepresentation made by the named insured or the named insured's representative in obtaining insurance or in pursuing a claim under the policy.

TDIC will give written notice of the reason for cancellation.

If the insured cancels the policy, TDIC will return or credit any unearned premium resulting from cancellation within forty-five (45) days of our receipt of the insured's notice of cancellation or the effective date of cancellation, whichever is later. If we cancel, TDIC will return or credit any unearned premium resulting from cancellation before the effective date of cancellation. If we cancel for non-payment of premium or for the insured's failure or refusal to provide the information necessary to confirm exposure or to determine the policy premium, or for fraud or material misrepresentation made by the named insured or the named insured's representative in obtaining insurance or in pursuing a claim under the policy, TDIC will return any unearned premium resulting from cancellation within forty five (45) days of the date we notify the insured of cancellation.

## **NON-RENEWAL**

A notice of non-renewal will be sent forty-five (45) days before the expiration date.

## **CHANGE IN PREMIUM/COVERAGE**

If TDIC increases the total premium for the policy by more than ten (10) percent for a reason other than an increase in coverage or exposure base, or if after renewal there will be a material restriction or reduction in coverage not specifically requested by the insured, TDIC will send notice of the coverage changes forty-five (45) days before expiration.

<b>State:</b>	Illinois	<b>Filing Company:</b>	The Dentists Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons		
<b>Product Name:</b>	Professional & Dental Business Liability		
<b>Project Name/Number:</b>	Rule update/PL-Rule -0115		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Explanatory Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	(0814) IL PBL Memo.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

  

<b>Bypassed - Item:</b>	Form RF3 - (Summary Sheet)
<b>Bypass Reason:</b>	Not Applicable.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

  

<b>Bypassed - Item:</b>	Certification
<b>Bypass Reason:</b>	Not Applicable.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

  

<b>Bypassed - Item:</b>	Request to Maintain Data as Trade Secret Information
<b>Bypass Reason:</b>	Not Applicable.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

  

<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	
<b>Attachment(s):</b>	IL PBL Rules Rates Manual (01-01-15).pdf (r)IL PBL Rules Rates Manual (01-01-15).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	



## Filing Memorandum

The Dentists Insurance Company (TDIC) filed and received approval on our updated Professional Liability policy forms and endorsements effective in 2014. TDIC has several programs that share a common prefix on the forms and endorsements (TDIC) and share several common endorsements amending policy language to all three programs.

For greater clarity, TDIC has separated the forms and made each program distinct by giving each a unique prefix (BOP, LRP, PBL) and where common endorsements were used to modify language in each program, separate endorsements have been created to address only one line of coverage per form. In Alaska, TDIC has only our Professional & Dental Business liability program filed and approved.

TDIC also updated our Rule Manuals to coincide with the form numbering changes made to our policy forms and endorsements.

The changes are purely editorial and provide our insureds with simpler and clearer coverage forms unique to each line of coverage. These changes have no impact on coverage or premium.

We are also introducing a new State Exclusion Endorsement developed as an optional endorsement to be added to our Professional & Dental Business Liability Policy when a policyholder requests to exclude coverage under the policy for occurrences in a state where TDIC is not licensed to do business.

Currently, if a policy holder has an ongoing exposure in a state where TDIC is not licensed to do business, we must decline or non-renew the policy. Adding this endorsement will allow a policyholder to continue coverage with TDIC for states where we are licensed to do business and exclude coverage for states where they can secure coverage with another carrier.

This endorsement will have limited use, but TDIC wants the ability to provide our policyholder/dentist with this option to continue coverage. This new endorsement will have no rate impact.

To comply with requirements of several states, all of our Professional & Dental Liability applications have been amended to include fraud warning statements as needed.

If you have any questions or concerns, please feel free to contact me at (916) 554-5368 or at [marcel.renardeldelavalette@cda.org](mailto:marcel.renardeldelavalette@cda.org). Thank you in advance for your assistance.

Sincerely,

A handwritten signature in black ink, reading "Marcel Renardel de Lavalette".

Marcel Renardel de Lavalette, RPLU, AIS  
Manager, Product Development

**TDIC  
PROFESSIONAL & DENTAL BUSINESS LIABILITY  
RULES, RATES AND FORMS MANUAL  
FOR ILLINOIS**

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**PROFESSIONAL AND DENTAL BUSINESS LIABILITY  
RULES**

**ELIGIBILITY**

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage may be available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicants must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants insured under a claims-made policy who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declaration Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

**POLICY TERM**

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

**PAYMENT OF PREMIUM**

Policies can be paid annually and semi-annually or monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

**CLASSIFICATION**

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

## *TDIC PL & DBL Rules, Rates and Forms Manual for Illinois*

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA) or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. Sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

### **TERRITORIAL GUIDELINES**

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

### **LIMITS OF LIABILITY**

Policy limits are based on a per claim/aggregate basis.

Available limits are:

\$500,000 each claim/\$1,500,000 aggregate  
\$1,000,000 each claim/\$3,000,000 aggregate  
\$1,500,000 each claim/\$4,500,000 aggregate  
\$3,000,000 each claim/\$3,000,000 aggregate  
\$5,000,000 each claim/\$5,000,000 aggregate



## *TDIC PL & DBL Rules, Rates and Forms Manual for Illinois*

Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Dental Business Liability.

### **VOLUNTEER DENTIST**

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. Retired TDIC policyholders must have an ongoing extended reporting endorsement. If insured by another carrier, a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/ \$3,000,000.

Volunteer Dentist Premium is calculated at 10% of Class 11, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

### **NEW DENTIST PROGRAM**

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form PBL2200-0115AS based upon the following:

- Form PBL2509-0115AS attached to all Alaska policies advising the policyholders that those policyholders who qualify as a New Dentist will pay fifty (\$50) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve (12) months, the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

### **WAIVER OF PREMIUM**

All policy changes that result in additional premium of \$10.00 or less will be waived.

### **DISCOUNTS/CREDITS**

Recently graduated dentists who are not eligible for the New Dentist Program can be eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

## *TDIC PL & DBL Rules, Rates and Forms Manual for Illinois*

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability PBL1001-0115AS is an abbreviated application available for “New Dentists” which is defined as a newly licensed dentist who has never practiced in the United States and its territories.

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for 30 consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part-time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as a practice owner.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of a newborn or family members. The suspension of coverage applies only to the active policy period.

### **OPTIONAL COVERAGES**

#### **LOCUM TENENS ENDORSEMENT**

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

#### **EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT**

Optional coverage. Limits offered:

\$50,000

\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing. If there are losses, the policy will be affected as follows:

If there has been one claim, the premium charge will go to the next level. If there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

### **IDENTITY THEFT RECOVERY COVERAGE**

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded to an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

### **MULTI-OWNER DENTAL PRACTICE ENTITY ENDORSEMENT**

If the insured has ownership in a multi-person dental corporation or dental partnership, Form PBL2026-0115 (Multi-Owner Dental Practice) AS will be attached with no additional premium. This endorsement can be attached at inception or when requested by the policyholder.

### **PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT**

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

### **SPECIAL EVENT ENDORSEMENT**

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

### **CANCELLATION/NON-RENEWAL**

See state specific pages for cancellation guidelines.

### **DECLINATION**

An applicant to TDIC may be declined if, while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

## **NON-RENEWAL**

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction, (if in connection with a dental practice);
5. Falsification of any insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems such as alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

## **EXTENDED REPORTING PERIOD ENDORSEMENT**

All policies cancelled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, including the cost. The premium used for this endorsement is based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

An optional one year extended reporting endorsement for EPLI coverage is offered when the employment practices liability endorsement is canceled or non-renewed. See state specific page for changes in Alaska

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

## **UNDERWRITING COMMITTEE**

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states' insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals that are brought to them by the underwriting staff each year.

**ILLINOIS STATE PAGE**

**ELIGIBILITY**

Membership is not a requirement of the Alaska Dental Association.

**TERRITORIAL DEFINITION**

All components/districts are under one territory.

**EXTENDED REPORTING PERIOD ENDORSEMENT**

An optional five year extended reporting endorsement for EPLI coverage is offered when the employment practices liability endorsement is canceled or non-renewed.

**DECLINATION**

When declining an applicant for an initial policy, TDIC will notify the applicant that he/she has the right to be advised of the reason for the declination. On written request from the applicant, TDIC will provide the reason.

**CANCELLATION**

TDIC will give sixty (60) days written notice of cancellation, except we will give:

- (1) twenty (20) days' notice for:
  - (a) non-payment of premium or
  - (b) the insured's failure or refusal to provide the information necessary to confirm exposure or to determine the policy premium; and
- (2) ten (10) days' notice for discovery of fraud or material misrepresentation made by the named insured or the named insured's representative in obtaining insurance or in pursuing a claim under the policy.

TDIC will give written notice of the reason for cancellation.

If the insured cancels the policy, TDIC will return or credit any unearned premium resulting from cancellation within forty-five (45) days of our receipt of the insured's notice of cancellation or the effective date of cancellation, whichever is later. If we cancel, TDIC will return or credit any unearned premium resulting from cancellation before the effective date of cancellation. If we cancel for non-payment of premium or for the insured's failure or refusal to provide the information necessary to confirm exposure or to determine the policy premium, or for fraud or material misrepresentation made by the named insured or the named insured's representative in obtaining insurance or in pursuing a claim under the policy, TDIC will return any unearned premium resulting from cancellation within forty five (45) days of the date we notify the insured of cancellation.

**NON-RENEWAL**

A notice of non-renewal will be sent forty-five (45) days before the expiration date.

**CHANGE IN PREMIUM/COVERAGE**

If TDIC increases the total premium for the policy by more than ten (10) percent for a reason other than an increase in coverage or exposure base, or if after renewal there will be a material restriction or reduction in coverage not specifically requested by the insured, TDIC will send notice of the coverage changes forty-five (45) days before expiration.

**TDIC**  
**PROFESSIONAL & DENTAL BUSINESS LIABILITY**  
**RULES, RATES AND FORMS MANUAL**  
**FOR ILLINOIS**

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## PROFESSIONAL AND DENTAL BUSINESS LIABILITY RULES

### ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage may be available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicants must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants insured under a claims-made policy who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declaration Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

### POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

### PAYMENT OF PREMIUM

Policies can be paid annually and semi-annually or monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

### CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology



All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA) or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. Sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

## **TERRITORIAL GUIDELINES**

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

## **LIMITS OF LIABILITY**

| Policy limits are based on a per claim/aggregate basis.

| ~~Limits available~~Available limits are:

\$500,000 each claim/\$1,500,000 aggregate  
\$1,000,000 each claim/\$3,000,000 aggregate  
\$1,500,000 each claim/\$4,500,000 aggregate  
\$3,000,000 each claim/\$3,000,000 aggregate  
\$5,000,000 each claim/\$5,000,000 aggregate

Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Dental Business Liability.

## **VOLUNTEER DENTIST**

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. Retired TDIC policyholders must have an ongoing extended reporting endorsement. If insured by another carrier, a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/ \$3,000,000.

Volunteer Dentist Premium is calculated at 10% of Class 11, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

## **NEW DENTIST PROGRAM**

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form ~~TDIC-PBL~~2200-011~~45~~AS based upon the following:

- Form ~~TDICPBL~~2509-011~~45~~AS attached to all Alaska policies advising the policyholders that those policyholders who qualify as a New Dentist will pay fifty (\$50) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve (12) months (~~12~~) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

## **WAIVER OF PREMIUM**

All policy changes that result in additional premium of \$10.00 or less will be waived.

## **DISCOUNTS/CREDITS**

Recently graduated dentists who are not eligible for the New Dentist Program can be eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability ~~TDIC-PBL~~ 1001-01145AS is an abbreviated application available for “New Dentists” which is defined as a newly licensed dentist who has never practiced in the United States and its territories.

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for 30 consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part-time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as a practice owner.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of a newborn or family members. The suspension of coverage applies only to the active policy period.

## OPTIONAL COVERAGES

### LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured’s place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

### EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT

Optional coverage. Limits offered:

\$50,000  
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC’s EPLI losses will be reviewed prior to renewing. If there are losses, the policy will be affected as follows:

If there has been one claim, the premium charge will go to the next level. If there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

## IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded ~~for to~~ an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

## MULTI-OWNER DENTAL PRACTICE ENTITY ENDORSEMENT

If ~~Question #21 is answered "Yes" form# TDIC~~ the insured has ownership in a multi-person dental corporation or dental partnership, Form PBL 2026-01145 (Multi-Owner Dental Practice) AS will be attached with no additional premium. This endorsement can be attached at inception or ~~as an endorsement~~ when requested by the policyholder.

## PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

## SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

## CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

## DECLINATION

An applicant to TDIC may be declined if, while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

## **NON-RENEWAL**

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction, (if in connection with a dental practice);
5. Falsification of any insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems such as alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

## **EXTENDED REPORTING PERIOD ENDORSEMENT**

All policies cancelled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, including the cost. The premium used for this endorsement is based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

An optional one year extended reporting endorsement for EPLI coverage is offered when the employment practices liability endorsement is canceled or non-renewed. See state specific page for changes in Alaska

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

## **UNDERWRITING COMMITTEE**

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states' insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals that are brought to them by the underwriting staff each year.

## **ELIGIBILITY**

Membership is not a requirement of the Alaska Dental Association.

## **TERRITORIAL DEFINITION**

All components/districts are under one territory.

## **EXTENDED REPORTING PERIOD ENDORSEMENT**

An optional five year extended reporting endorsement for EPLI coverage is offered when the employment practices liability endorsement is canceled or non-renewed.

## **DECLINATION**

When declining an applicant for an initial policy, TDIC will notify the applicant that he/she has the right to be advised of the reason for the declination. On written request from the applicant, TDIC will provide the reason.

## **CANCELLATION**

TDIC will give sixty (60) days written notice of cancellation, except we will give:

- (1) twenty (20) days' notice for:
  - (a) non-payment of premium or
  - (b) the insured's failure or refusal to provide the information necessary to confirm exposure or to determine the policy premium; and
- (2) ten (10) days' notice for discovery of fraud or material misrepresentation made by the named insured or the named insured's representative in obtaining insurance or in pursuing a claim under the policy.

TDIC will give written notice of the reason for cancellation.

If the insured cancels the policy, TDIC will return or credit any unearned premium resulting from cancellation within forty-five (45) days of our receipt of the insured's notice of cancellation or the effective date of cancellation, whichever is later. If we cancel, TDIC will return or credit any unearned premium resulting from cancellation before the effective date of cancellation. If we cancel for non-payment of premium or for the insured's failure or refusal to provide the information necessary to confirm exposure or to determine the policy premium, or for fraud or material misrepresentation made by the named insured or the named insured's representative in obtaining insurance or in pursuing a claim under the policy, TDIC will return any unearned premium resulting from cancellation within forty five (45) days of the date we notify the insured of cancellation.

## **NON-RENEWAL**

A notice of non-renewal will be sent forty-five (45) days before the expiration date.

## **CHANGE IN PREMIUM/COVERAGE**

If TDIC increases the total premium for the policy by more than ten (10) percent for a reason other than an increase in coverage or exposure base, or if after renewal there will be a material restriction or reduction in coverage not specifically requested by the insured, TDIC will send notice of the coverage changes forty-five (45) days before expiration.